


# **Exhibit Z1**

## CORPORATE TELEGRAPHIC TRANSFER TRACER / CANCELLATION / AMENDMENT REQUEST

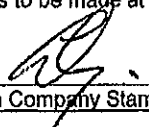
Your Particulars	
Company Name	ACA CAPITAL GROUP LIMITED
Debit Account Number	[REDACTED]
Contact No.	[REDACTED]
TT Details	
Please send a tracer for the following transaction, details are as follows :	
TT Reference No.	[REDACTED]
Date of Transaction	2 Jan 2018
Currency & Amount	USD 500,000 -
Reason for Request :	
<input type="checkbox"/>	Beneficiary claims non-receipt of funds.
<input type="checkbox"/>	Amendment of TT details* :
<input checked="" type="checkbox"/>	Cancellation of payment.
<input type="checkbox"/>	Others (please specify) :
<small>*Note: Currency and Amount cannot be amended. For such cases, request for Cancellation of payment and submit a new payment request</small>	
Charges Details	
Payment of handling charge and any agent charges that may arise from the above request is as follows :	
<input checked="" type="checkbox"/>	Debit our account No. [REDACTED]
Terms and Conditions of Request	
<p>I/We acknowledge that this request will be processed same business day only if the application is submitted before the cut-off times stipulated from time to time failing which request will be processed on the next business day. We acknowledge that my request for cancellation of payment will be made only when you are in possession of the funds in respect of the above telegraphic transfer payment. This is subject to the beneficiary and/or his bank agreeing to my/our request for cancellation and returning the funds to you. I/We agree that you will have no responsibility or liability towards me/us if the beneficiary fails to return the funds to you.</p> <p>I/We agree that any refund is to be made at the prevailing buying rate and less your charges if any.</p>	
Authorised Signature(s) with Company Stamp (if applicable) 	3 Jan 2018 Date
For Bank Use	
Special Instruction from Branch	
<input type="checkbox"/>	Faxed original TT application form to Payment Operations (REM).
Name & Signature	Branch
Specimen No.	Contact No.
Customer Information	
Completed form signed by the Authorised Signatory/ies should be submitted to DBS via any of the following channels: (1) Original copy at any DBS/POSB Branches (2) Scanned as PDF and send via IDEAL™ Secured Mailbox to the recipient group 'SG TT-Amendments/Cancel Requests'	

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EXHIBIT

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 1-31-19

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<input type="checkbox"/>	Beneficiary claims non-receipt of funds.
<input type="checkbox"/>	Amendment of TT details* : _____
<input checked="" type="checkbox"/>	Cancellation of payment.
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 Authorised Signature(s) with Company Stamp (if applicable)	2 Jan 2018 Date
For Bank Use	
Special Instruction from Branch _____	
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